### Community Pathways Waiver – REVISED PROPOSAL Draft

Service Type: Statutory	
Service (Name): Supported Employment	
Alternative Service Title: TRANSITIONAL EMPLOYMENT SERVICES	
HCBS Taxonomy:	
Check as applicable	
Service is included in approved waiver. There is no change in service s	
Service is included in approve waiver. The service specifications have	been modified.
X Service is not included in the approved waiver.	

#### **Service Definition:**

- A. Transitional Employment services are time limited services to help individuals learn skills to work in competitive integrated employment.
- B. Transitional Employment services includes:
  - Facility based employment supports are provided at a fixed site, owned, operated, or controlled by a service provider. Facility based employment supports can include learning and maintaining job skills or social skills and job placement in small or large employment groups.
  - 2. Small group employment supports includes enclaves, mobile work crews or contract work. The small group employment supports can include job placement in the group and learning and maintaining job skills or social skills on the job when the group is between two (2) and eight (8) individuals. The employer of record is traditionally an agency providing supports that is contracted to complete work in the community.
  - 3. Large group employment supports are provided when an individual's employer is a provider of service who is contracted to complete work in the community. The large group employment supports can include job placement in small or large group employment and learning and maintaining job skills or social skills on the job when the group is between nine (9) and sixteen (16) individuals.

#### Service Requirements:

- A. Transitional Employment is an employment service.
- B. The services and supports must be provided consistent with the Department of Labor, Workforce Innovations Opportunities Act, and applicable State policies related to wage and hour laws.

- C. Individuals must have an employment plan-goal that outlines how they willto transition to community integrated employment (such as participating in discovery and job development) with the exception of those at the age of and who choose retirement.
- D. An individual's person\_-centered plan may include a mix of employment and day type services such as Day Habilitation, Community Development Services, Employment Supports Discovery and Customization, and Supported Employment provided at different times.
- E. Transportation to and from and within the day activities will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.
- F. Transitional Employment Services does not include items or services otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources.
- G. Professional services will only be covered under the waiver if the Program has denied a covered service and the service has been pre-authorized by the DDA
- H.F. The activities covered by this service are meant to be stepping stones for people to learn skills to work in competitive integrated employment.
- Service is not available under self-direction model.

# Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Transitional — Facility based employment services are provided Monday through Friday only.

Transitional Employment services may not exceed a maximum of eight (8) hours per day (including other Community Development, Employment Discovery and Customization Supports and Day Habilitation services).

Small and Large group employment is finited to 40 nours per week.
Service Delivery Method (check each that applies)
Participant Directed as specified in Appendix E
X Provider Managed
Specify whether the service may be provided by (check all that applies)
Legally Responsible Person
Relative
Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	Licensed DDA Vocational or Day Habilitation-Service Provider

# Provider Category: Agency

**Provider Type:** Licensed DDA Vocational or Day Habilitation Service Provider

# **Provider Qualifications License (specify):**

#### **License** (specify):

Licensed DDA Vocational or Day Habilitation Service Provider as per COMAR 10.22.02 and 10.22.07

# **Certificate (specify):**

#### Other Standard (specify):

Staff must possess appropriate licenses/certifications as required by <u>law regulations</u> based on needs of the individual at time of service.

Nurses completing the Health Risk Screening Tool (HRST) must complete all required HRST training and be certified.

# **Verification of Provider Qualifications Entity**

# **Responsible for Verification:**

- DDA for license
- Provider for staff licenses, certifications, and training

# **Frequency of Verification:**

- DDA annual for license
- Provider prior to service delivery